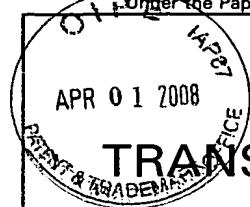


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/566,004	
Confirmation Number	9968	
Filing Date	with an effective filing date of July 3, 2004	
First Named Inventor	Wilhelm HÄRTLE	
Group Art Unit	3681	
Examiner Name	David D. LE	Fax: (571) 273-8300
Total No. of Pages in this Submission: 26	Attorney Docket Number	ZAHFRI P814US

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee attached - Check \$	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Response ..... [13]	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Petition	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request (in Duplicate)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Postcard Chinese Official Office Action . [10]
<input checked="" type="checkbox"/> Information Disclosure Stmt . . . [1] PTO/SB/08a . . . [1]	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Part/s Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Scott A. DANIELS DAVIS, BUJOLD & DANIELS, P.L.L.C.	Reg. No. 42,462 CUSTOMER NO. 020210
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Signature	
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Date	March 28, 2008
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## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on March 28, 2008.

Signature		Date: March 28, 2008 (Lfb)
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